

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)**

Application Number Filing Date

10535225

Applicant(s) **Ted Marchildon**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		7		1			58				
9		5		1			59				
10		7		1			60				
11		(1)		1			61				
12		(1)		1			62				
13		(1)		1			63				
14	1		1				64				
15		1		1			65				
16		1		1			66				
17		1		1			67				
18		1		1			68				
19	1		1				69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3		3		0						
Total Depend	32	←	16	←	0	←					
Total Claims	35	██████	19	██████	0	██████					